

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on separate docushare document

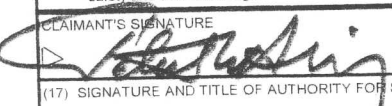

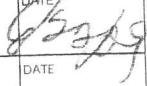
Page ____ of ____ Pages

CLAIMANT'S NAME Patrick W. Henning				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT EDD			
POSITION Director				BARGAINING UNIT Exempt				DIVISION OR BUREAU Director's Office			
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 800 Capitol Mall				TELEPHONE NUMBER			
CITY Sacramento				STATE CA				ZIP CODE 95814			

(1) MONTH/YEAR June 2009	(2) DATE Date	(3) TIME Time	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) LODGING	(6) MEALS			(7) INCIDENTALS	(8) TRANSPORTATION				(9) BUSINESS EXPENSE	(10) TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	O.T./L.T. RELO or DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		
6/1		0730	Sacramento-Capitola			10.00	18.00			SC				28.000
			The Capitola Inn	81.00						SC				81.000
			Hotel Tax	8.10						SC				8.100
6/2			Capitola-San Luis Obispo		6.00	10.00	18.00	6.00		SC				40.000
			Days Inn	84.00						SC				84.000
			Hotel Tax	10.08						SC				10.080
6/3			San Luis Obispo-Ventura		6.00	10.00	18.00	6.00		SC				40.000
			Crowne Plaza	84.00						SC				84.000
			Hotel Tax	8.40						SC				8.400
			Hotel Parking Fee							SC	10.00			10.000
6/4		1730	Ventura-Sacramento		6.00	10.00		6.00		SC				22.000
(10) SUBTOTALS				275.58	18.00	40.00	54.00	18.00			10.00			\$415.58
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														\$415.58

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)	(11A) Summary						(12) NORMAL WORK HOURS 0800-1700
	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	
Visit local offices for all-staff meetings.	03810	520	415.58	000	100		(13) PRIVATE VEHICLE LICENSE n/a
Meet w/Chamber of Commerce and Union							(14) MILEAGE RATE CLAIMED \$0.550
							AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
		Total	415.58	Document Reference	Prepared By		

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 6/22/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			